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PTO/SB/0T (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
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	Attorney Docket Num	nber NTZ 0107 PCT		
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	PIERRE GERARD NIEWLAND		
PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number	/ APPLIED FOR		
Declaration Submitted With Initial Declaration Submitted after Initial Filing (surcharge	Filing Date	HEREWITH		
	Group Art Unit			
with Initial Filling (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

	roquirou)			
As a below named inventor, I hereby declare that:				
My residence, mailing address, a	nd citizenship are as stat	ed below next to my nam	ie.	
I believe I am the original, first ar names are listed below) of the su	d sole inventor (if only or bject matter which is clai	ne name is listed below) o med and for which a pate	or an original, first ent is sought on th	and joint inventor (if plural ne invention entitled:
MICRO FILTER DEVICE FOR	AN IN LINE FILTERING	CONFIGURATION		
	(Title of t	he Invention)		
the specification of which	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
is attached hereto				
OR				
was filed on (MM/DD/YYYY	מ	as United St	ates Application I	Number or PCT International
Application Number	and was	amended on (MM/DD/YY	YY)	(if applicable).
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.				
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.				
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
PCT/IB 2003/004076	EP	19/09/2003		
02078889.9	EP	19/09/2002		
Additional foreign application	n numbers are listed on a	a supplemental priority da	ta sheet PTO/SB	/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer N or Bar Code		02725	66	OR V Con	rrespondence address below
ROBERT P. RENKE ARTZ & ARTZ, P.C. Name					
28333 TELEGRAPH ROAD SUITE 250 Address					
SOUTHFIELD City			State	MI •	ZIP 48034
U.S.A. Country	Telep	248-223- hone	9500		248-223-9522 Fax
I hereby declare that all statements made herein of are believed to be true; and further that these state made are punishable by fine or imprisonment, or be validity of the application or any patent issued thereof	ments	were made with	the k	nowledge that willful fa	alse statements and the like so
NAME OF SOLE OR FIRST INVENTOR:		A petition h	as be	en filed for this un	signed inventor
Given Name PIERRE G (first and middle [if any])	ERARI)		ily Name urname	NIEWLAND
Inventor's Signature					Date
MAASSLUIS Residence: City	,	State		NETHERLANDS Country	NETHERLANDS Citizenship
P.O. BOX 25 Mailing Address					
City		State		NL-3140 AA	NETHERLANDS Country
NAME OF SECOND INVENTOR:		A petition has	bee	n filed for this unsi	gned inventor
Given Name WILI (first and middle [if any])	_Y			ly Name Irname	SCHAERLAECKENS
Inventor's Signature					Date
ROTTERDAM Residence: City	s	State		NETHERLANDS Country	NETHERLANDS Citizenship
SYDNEYSTRAAT 60 Mailing Address					
ROTTERDAM		State		NL-3047 BP ZIP	NETHERLANDS Country
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Date

Country

Zip

Citizenship

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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ADDITIONAL INVENTOR(S) DECLARATION Supplemental Sheet of 1 Page 1 A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Given Name (first and middle (if any)) Family Name or Surname **BORGER** RON Inventor's Signature Date ROTTERDAM NETHERLANDS **NETHERLANDS** Citizenship Residence: City State Country SYDNEYSTRAAT 60 Mailing Address NETHERLANDS **NETHERLANDS** NL-3140 AA State Zip Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Inventor's Signature Date Citizenship Residence: City State Country Mailing Address State Zip City Country Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Surname Given Name (first and middle (if any))

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

State

State

Inventor's

Signature

Residence: City

Mailing Address

PCI/PTC 2.1 MADB/2007. Approved for use through 11/30/2005. OMB 0651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	PIERRE GERARD NIEWLAND
Title	MICRO FILTER DEVICE FOR AN IN LINE FILTERING CONFIGURATION
Art Unit	
Examiner Name	
Attorney Docket Number	NTZ 0107 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.				
I hereby appoint:				
✔ Practitioners as	ssociated with the Customer Number:	027256		
OR				
Practitioner(s)	named below:			
	Name		Registration Number	
<u> </u>				
· •				
as my/our attorney(s) Trademark Office con	or agent(s) to prosecute the application in nected therewith.	dentified above, and to transa	ct all business in the United States Patent and	
Please recognize or c	hange the correspondence address for th	e above-identified application	to:	
	associated with the above-mentioned Cu			
OR OR	s associated with the above-mentioned of	astomer Number.		
The address associated with Customer Number:				
OR				
Firm or Individual Name				
Address				
City		State	Zip	
Country				
Telephone		Fax		
Applicant/Inv	rentor.			
Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature	WILLY SCHAERLAECKENS		Date	
Name			Telephone	
Title and Company			<u></u>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of 3	forms are submitted.			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	APPLIED FOR
Filing Date	HEREWITH
First Named Inventor	PIERRE GERARD NIEWLAND
Title	MICRO FILTER DEVICE FOR AN IN UNE FILTERING CONFIGURATION
Art Unit	
Examiner Name	
Attorney Docket Number	NTZ 0107 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
Practitioners associated with the Customer Number:							
OR							
Practitioner(s) r	amed be	low:					
		Name			Registra	tion Numbe	r
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as my/our attorney(s) Trademark Office con		s) to prosecute the application ide erewith.	entified above, a	ind to t	ransact all busir	iess in the l	United States Patent and
Please recognize or c	nange the	correspondence address for the	above-identifie	d appli	cation to		
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OR	associate	ed with the above-mentioned Cusi	tomer Number:			٦	
The address associated with Customer Number: OR							
Firm or Individual Name							
Address							
City				State			Zip
Country							
Telephone				ax			
l am the: Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature	RON BO	DRGER				Date	
Name						Telephone	
Title and Company					***		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total of 3		forms are submitted.					

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PTO/SB/81 (11-04)

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Art Unit	
Examiner Name	
Attorney Docket Number	NTZ 0107 PCT

I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint:					
✓ Practitioners as OR					
Practitioner(s) n	named below:				
	Name	Registr	ation Number		
	· · · · · · · · · · · · · · · · · · ·				
as my/our attorney(s) of Trademark Office control	or agent(s) to prosecute the application identified nected therewith.	above, and to transact all bus	iness in the United States Patent and		
		identified application to:			
	hange the correspondence address for the above				
The address OR	s associated with the above-mentioned Customer	Number:	\neg		
The address associated with Customer Number: OR					
Firm or Individual	Name				
Address					
City		State	Zip		
Country					
Telephone I am the:		Fax			
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature	PIERRE GERARD NIEWLAND		Date		
Name			Telephone		
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
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